

<i>SERFF Tracking Number:</i>	<i>PRTB-125287787</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lyndon Property Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026052</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2004 Contractual Liability</i>
<i>Product Name:</i>	<i>Service Contract Contractual Liability</i>		
<i>Project Name/Number:</i>	<i>Revised CLP Endorsement/CLE-006AR 9-07</i>		

## Filing at a Glance

Company: Lyndon Property Insurance Company

Product Name: Service Contract Contractual    SERFF Tr Num: PRTB-125287787    State: Arkansas

Liability

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: AR-PC-07-026052

Sub-TOI: 17.2004 Contractual Liability

Co Tr Num:

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: June French

Disposition Date: 09/20/2007

Date Submitted: 09/11/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

## General Information

Project Name: Revised CLP Endorsement

Status of Filing in Domicile: Not Filed

Project Number: CLE-006AR 9-07

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/20/2007

State Status Changed: 09/11/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The attached endorsement is revised to comply with the reimbursement insurance disclosures of the new Service Contract law Section 4-114 (HB 2691). Changes are highlighted for your ease of review. If possible, we are requesting an effective date of 10-1-07 for this endorsement.

## Company and Contact

### Filing Contact Information

June French, Regulatory Analyst

June.French@Protective.com

14755 N. Outer Forty Road

(800) 950-6060 [Phone]

SERFF Tracking Number: PRTB-125287787 State: Arkansas  
Filing Company: Lyndon Property Insurance Company State Tracking Number: AR-PC-07-026052  
Company Tracking Number:  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2004 Contractual Liability  
Product Name: Service Contract Contractual Liability  
Project Name/Number: Revised CLP Endorsement/CLE-006AR 9-07

St. Louis, MO 63017 (636) 536-9308[FAX]

**Filing Company Information**

Lyndon Property Insurance Company CoCode: 35769 State of Domicile: Missouri  
14755 N. Outer Forty Road Group Code: 458 Company Type:  
Suite 400  
St. Louis, MO 63017 Group Name: State ID Number:  
(800) 950-6060 ext. [Phone] FEIN Number: 43-1139865  
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SERFF Tracking Number: PRTB-125287787 State: Arkansas  
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Company Tracking Number:  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 per form filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lyndon Property Insurance Company	\$50.00	09/11/2007	15550127

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	09/20/2007	09/20/2007

<i>SERFF Tracking Number:</i>	<i>PRTB-125287787</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2004 Contractual Liability</i>
<i>Product Name:</i>	<i>Service Contract Contractual Liability</i>		
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## Disposition

Disposition Date: 09/20/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PRTB-125287787	State:	Arkansas
Filing Company:	Lyndon Property Insurance Company	State Tracking Number:	AR-PC-07-026052
Company Tracking Number:			
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2004 Contractual Liability
Product Name:	Service Contract Contractual Liability		
Project Name/Number:	Revised CLP Endorsement/CLE-006AR 9-07		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	AR Endorsement to Service Contract Reimbursement Insurance Policy	Approved	Yes

SERFF Tracking Number: PRTB-125287787 State: Arkansas

Filing Company: Lyndon Property Insurance Company State Tracking Number: AR-PC-07-026052

Company Tracking Number:

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2004 Contractual Liability

Product Name: Service Contract Contractual Liability

Project Name/Number: Revised CLP Endorsement/CLE-006AR 9-07

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AR Endorsement to Service Contract Reimbursement Insurance Policy	CLE-006AR	9/07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CLE-006AR Previous Filing #:		CLE-006-AR 9-07.pdf

**LYNDON PROPERTY INSURANCE COMPANY**  
**14755 North Outer Forty Road, Suite 400**  
**St. Louis, Missouri 63017**

**ENDORSEMENT**

Arkansas Amendatory Endorsement

The Insuring Agreement provision is deleted and replaced with the following:

Company agrees to reimburse or pay on behalf of the Insured any covered sums the Insured is legally obligated to pay or in the event of the Insured's nonperformance, shall provide the service that the Insured is legally obligated to perform according to the Insured's contractual obligations under the Service Contracts issued or sold by the Insured. In the event covered service is not provided by the Insured within sixty (60) days of proof of loss by the Service Contract Purchaser, the Service Contract Purchaser is entitled to apply directly to the Company.

The provisions of the policy pertaining to Termination - Termination by Company (IX., 1.) are amended as follows:

Cancellation of insurance coverage on a property or casualty risk which has been in force over sixty (60) days or after the effective date of a renewal policy or an annual anniversary date shall not be permitted, unless such cancellation is based upon at least one (1) of the following reasons:

- (a) Nonpayment of premium;
- (b) Fraud or material misrepresentation made by or with the knowledge of the named insured in obtaining the policy, continuing the policy or in presenting a claim under the policy;
- (c) The occurrence of material change in the risk which substantially increases any hazard insured against after policy issuance;
- (d) Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or the occupancy thereof which substantially increases any hazard insured against under the policy;
- (e) Nonpayment of membership dues in those cases where the by-laws, agreements or other legal instruments of the insurer issuing the policy require payment thereof as a condition of the issuance and maintenance of the policy; or



(f) A material violation of a material provision of the policy.

Cancellations of property and casualty policies shall only be effective when notice of cancellation is mailed or delivered by the insurer to the named insured and to any lienholder or loss payee named in the policy at least twenty (20) days prior to the effective date of cancellation, provided however, that where cancellation is for nonpayment of premium at least ten (10) days notice of cancellation accompanied by the reason therefor shall be given.

The Company shall not terminate the policy until at least sixty (60) days notice of termination has been mailed or delivered to the Insurance Commissioner and in accordance with any other applicable law.

It is agreed that Section XII, ACTION AGAINST COMPANY, 3., is deleted.

Following are the names, addresses, and telephone numbers of the policyholder service office of the company issuing the policy, the agent soliciting the policy, and the Arkansas Insurance Department.

Company Service Office	Soliciting Agent	Department of Insurance
_____	_____	State of Arkansas
_____	_____	1200 West Third Street
_____	_____	Little Rock, Arkansas 72201
_____	_____	(501)371-2600

THIS ENDORSEMENT IS PART OF YOUR POLICY OR MEMORANDUM AND TAKES EFFECT ON THE EFFECTIVE DATE OF YOUR POLICY OR MEMORANDUM, UNLESS ANOTHER EFFECTIVE DATE IS SHOWN BELOW.

POLICY NUMBER

ENDORSEMENT NUMBER:

ENDORSEMENT DATE

Authorized Officer

<i>SERFF Tracking Number:</i>	<i>PRTB-125287787</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PRTB-125287787</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2004 Contractual Liability</i>
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<i>Project Name/Number:</i>	<i>Revised CLP Endorsement/CLE-006AR 9-07</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	09/20/2007
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**Comments:**

**Attachment:**

Transmittal.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>

<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>

<b>5.</b>	<b>Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:                      Renewal:
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1